

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street)

2901 Telestar Ct.

☐ Check if different than previously reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005249

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matthew S. Tassey

Signature of Treasurer

Matthew S. Tassey

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		1384179.49
(b) Cash on Hand at Beginning of Reporting Period.....	1384179.49	
(c) Total Receipts (from Line 19)	69968.63	69968.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1454148.12	1454148.12
7. Total Disbursements (from Line 31)	62540.71	62540.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1391607.41	1391607.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 01 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9238.96

9238.96

(ii) Unitemized

60729.67

60729.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

69968.63

69968.63

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

69968.63

69968.63

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

69968.63

69968.63

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

69968.63

69968.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4015.21	4015.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4015.21	4015.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	58500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.50	25.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.50	25.50
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62540.71	62540.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62540.71	62540.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69968.63	69968.63
34. Total Contribution Refunds (from Line 28(d))	25.50	25.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69943.13	69943.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4015.21	4015.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4015.21	4015.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Louis P. DiCerbo II

Mailing Address 33 Chapel Road

City

Manhasset

State

NY

Zip Code

11030-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer

DiCerbo P.C.P. & Associates, Inc.

Occupation

CHAIRMAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 06 / 2014

Transaction ID : 12247438

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. George C. Finklea Jr.

Mailing Address 1707 Waterford Dr

City

Wilson

State

NC

Zip Code

27896-1557

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Ins.

Occupation

Multiline Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

01 / 06 / 2014

Transaction ID : 12247440

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Mr. James M. Hasley

Mailing Address 109 Creekwood Court

City

Longwood

State

FL

Zip Code

32779-3358

FEC ID number of contributing
federal political committee.

C

Name of Employer

MassMutual Financial Group

Occupation

Certified Family Business Specialist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 08 / 2014

Transaction ID : 12247491

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 7 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. James K. Still

Mailing Address 911 North Field Circle

City

Dothan

State

AL

Zip Code

36303-2872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

01 / 08 / 2014

Transaction ID : 12247492

Amount of Each Receipt this Period

395.00

Full Name (Last, First, Middle Initial)

B. Mr. Martin T. Berger

Mailing Address 111 - 5th Ave SW PO Box 69

City

Epworth

State

IA

Zip Code

52045-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berger Benefit Connections

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 09 / 2014

Transaction ID : 12247503

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Edward A. Zabielski Jr.

Mailing Address 104 Clay Ct.

City

Landenberg

State

PA

Zip Code

19350-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life

Occupation

Financial Services Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12247544

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1605.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code
 Flint MI 48532-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Security 1st Benefits Corporation

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12247573

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert M. Nelson

Mailing Address 14712 Shirley Street

City State Zip Code
 Omaha NE 68144-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Nelson Murphy Insurance & Investments,

Occupation
 Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12247618

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel J. Scholz

Mailing Address 1510 So. 183 Circle

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameritas

Occupation
 AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12247786

Amount of Each Receipt this Period

417.00

SUBTOTAL of Receipts This Page (optional)..... ►

837.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 9 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Vincent M. D'Addona

Mailing Address 341 Harbor Dr

City

Lido Beach

State

NY

Zip Code

11561-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategies for Wealth

Occupation

General Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	4

Transaction ID : 12247937

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Mr. Stephen D. Estler

Mailing Address 2177 NE 63 St.

City

Fort Lauderdale

State

FL

Zip Code

33308-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Estler Financial

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	4

Transaction ID : 12248067

Amount of Each Receipt this Period

208.50

Full Name (Last, First, Middle Initial)

C. Mr. Robert A. Miller

Mailing Address 727 Smithridge Rd

City

New Canaan

State

CT

Zip Code

06840-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miller-Pomerantz

Occupation

AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	4

Transaction ID : 12248236

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

916.83

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMFN - Kemelgor Financial Group

Occupation

Wealth Management Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12248380

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Ms. Juli Y. McNeely

Mailing Address S764 Hanson Road

City State Zip Code
Spencer WI 54479-9579

FEC ID number of contributing
federal political committee.

C

Name of Employer

McNeely Financial Services, Inc.

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12248876

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd G. Grantham

Mailing Address 4 Montcrest Drive Drive

City State Zip Code
Durham NC 27713-8136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual Financial Network

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

01 / 10 / 2014

Transaction ID : 12249639

Amount of Each Receipt this Period

228.80

SUBTOTAL of Receipts This Page (optional)..... ►

661.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Drive

City

Springfield

State

NE

Zip Code

68059-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Headley Financial Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12249752

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

B. Mr. David Russell

Mailing Address 8461 Eagle Preserve Way

City

Sarasota

State

FL

Zip Code

34241-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rogers Benefit Group

Occupation

Regional Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12250836

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. David Russell

Mailing Address 8461 Eagle Preserve Way

City

Sarasota

State

FL

Zip Code

34241-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rogers Benefit Group

Occupation

Regional Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 12250838

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Paul Adams

Mailing Address 1839 Morgan Ave

City

Claremont

State

CA

Zip Code

91711-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guardian Life

Occupation

Field Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 10 / 2014

Transaction ID : 12251565

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Mr. Joseph C. Chalom

Mailing Address 8573 NW 24th Court

City

Coral Springs

State

FL

Zip Code

33065-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retirement Council, Inc.

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2014

Transaction ID : 12252920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David D. Mirabito

Mailing Address 679 Forest Ave

City

Fulton

State

NY

Zip Code

13069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetLife Financial Services

Occupation

Account Rep.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 12252969

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

858.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Ileana Cabrera-Rodriguez

Mailing Address 9066 SW 73rd Cout
807

City State Zip Code
Miami FL 33156-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabrera-Rodriguez Ins. Agcy.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2014

Transaction ID : 12253005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John Abernethy

Mailing Address 59449 Keria Trail

City State Zip Code
South Bend IN 46614-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2014

Transaction ID : 12253010

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank E. Kneeland Jr.

Mailing Address PO Box 2487

City State Zip Code
Waterloo IA 50704-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Financial Decisions Group

Occupation
General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2014

Transaction ID : 12253011

Amount of Each Receipt this Period

440.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. William H. Brockman

Mailing Address 6308 Queens Chapel Rd.

City

University Park

State

MD

Zip Code

20782-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cornerstone Financial Partners

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 12253051

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David R. Van Ahn

Mailing Address 4202 Clover Drive

City

Panora

State

IA

Zip Code

50216-8640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Insurance Advisor, LLC

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 12253107

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

C. Mr. Manny Miranda

Mailing Address 7470 S.W. 105 Terrace

City

Miami

State

FL

Zip Code

33156-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manny Miranda Insurance Agency Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 12253112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

970.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City State Zip Code
Arlington VA 22207-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

VP of Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 12253180

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Ms. Pat Thomas

Mailing Address 25906 Grace Circle

City State Zip Code
Glenwood IA 51534-7064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farm Bureau Financial Services

Occupation

Career Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-20.40

Date of Receipt

01 / 25 / 2014

Transaction ID : 12280548

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$25.50 This changes the YTD Total to \$-20.40

Full Name (Last, First, Middle Initial)

C. Sarah Aleya Fiedler

Mailing Address 1611 Kenzie Dr

City State Zip Code
Pittsburgh PA 15205-9792

FEC ID number of contributing
federal political committee.

C

Name of Employer

ExamOne

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-8.50

Date of Receipt

01 / 30 / 2014

Transaction ID : 12280549

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$8.50 This changes the YTD Total to \$-8.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

9238.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2014

Mailing Address P.O. box 40031

City	State	Zip Code
Roanoke	VA	24022-0031

Transaction ID : 12262016Purpose of Disbursement
Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4015.21

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4015.21

4015.21

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Insurance and Financial Advisors Political Action Comm

Category/ Type	011
Category 1	011
Category 2	011
Category 3	011
Category 4	011
Category 5	011
Category 6	011
Category 7	011
Category 8	011
Category 9	011
Category 10	011
Category 11	011
Category 12	011
Category 13	011
Category 14	011
Category 15	011
Category 16	011
Category 17	011
Category 18	011
Category 19	011
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Category 87	011
Category 88	011
Category 89	011
Category 90	011
Category 91	011
Category 92	011
Category 93	011
Category 94	011
Category 95	011
Category 96	011
Category 97	011
Category 98	011
Category 99	011
Category 100	011

-2500.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

The image shows three 4x4 grids, each representing a number using a 2x2 grid of dots. The first grid shows the number 01, the second shows 16, and the third shows 2014. Each grid has a header row with labels M, M, D, D, Y, Y, Y, Y. The first grid has dots in the first two columns of the first row and the first column of the second row. The second grid has dots in the first and third columns of the first row and the first and third columns of the second row. The third grid has dots in the first, third, and fifth columns of the first row and the first, third, and fifth columns of the second row.

011
Category/
Type

2500.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

011
Category/
Type

Category/
Type

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement

011

Candidate Name

Rep. Judy Chu

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194892

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174

Purpose of Disbursement

011

Candidate Name

Rep. Randy Hultgren

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194893

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Randy Hultgren For Congress

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174

Purpose of Disbursement

011

Candidate Name

Rep. Randy Hultgren

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194894

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Southerland For Congress

Mailing Address PO Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Southerland II

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194895

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jim Himes For Congress

Mailing Address 857 Post Road, #312

City	State	Zip Code
Fairfield	CT	06824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James A. Himes

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194896

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Cochran

Mailing Address PO Box 7183

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Thad Cochran

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : 12194897

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Insurance and Financial Advisors Political Action Comm

The three 3x3 grids are as follows:

M		M

01

D		D

16

Y		Y		Y		Y

2014

2500.00

1000.00

MM / DD / YYYY

01 / 25 / 2014

1500.00

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha	State NE	Zip Code 68154
---------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Rep. Lee Terry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 02

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2014

Transaction ID : 12224164

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Sen. Mark Robert Warner

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2014

Transaction ID : 12224165

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Enzi For Us Senate

Mailing Address PO Box 2775

City Cody	State WY	Zip Code 82414
--------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Sen. Michael B. Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WY District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2014

Transaction ID : 12224166

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Garrett for Congress

Mailing Address PO Box 905

City

Newton

State

NJ

Zip Code

07860

Purpose of Disbursement

011

Candidate Name

Scott Garrett

Office Sought:

☒

House

☐

Senate

☐

President

State: NJ

District: 05

Disbursement For: 2014

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 25 / 2014**Transaction ID : 12224167**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Enzi For Us Senate

Mailing Address PO Box 2775

City

Cody

State

WY

Zip Code

82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael B. Enzi

Office Sought:

☐

House

☒

Senate

☐

President

State: WY

District:

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 25 / 2014**Transaction ID : 12224168**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P.O. Box 17813

City

Richmond

State

VA

Zip Code

23226

Purpose of Disbursement

011

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒

House

☐

Senate

☐

President

State: VA

District: 07

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 30 / 2014**Transaction ID : 12230168**

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement

011

Candidate Name

Rep. Tom Reed

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Transaction ID : 12230170

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kinzinger For Congress

Mailing Address PO Box 487

City	State	Zip Code
New Lenox	IL	60451

Purpose of Disbursement

011

Candidate Name

Rep. Adam Kinzinger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Transaction ID : 12230171

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kinzinger For Congress

Mailing Address PO Box 487

City	State	Zip Code
New Lenox	IL	60451

Purpose of Disbursement

011

Candidate Name

Rep. Adam Kinzinger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Transaction ID : 12230172

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Transaction ID : 12230174

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Steny H. HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Mailing Address 425 Second Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Transaction ID : 12230175

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Luke Messer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Transaction ID : 12230495

Amount of Each Disbursement this Period

2000.00

Candidate Name

Mr. Allen MesserCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address P.O. Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement

011

Candidate Name

Mr. Allen Messer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : 12230505

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry For United States CongressMailing Address 301 S 13th St.
Ste. 401

City	State	Zip Code
Lincoln	NE	68508

Purpose of Disbursement

011

Candidate Name

Rep. Jeffrey Fortenberry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : 12230508

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jeff Fortenberry For United States CongressMailing Address 301 S 13th St.
Ste. 401

City	State	Zip Code
Lincoln	NE	68508

Purpose of Disbursement

011

Candidate Name

Rep. Jeffrey Fortenberry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : 12230510

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

58500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

National Association of Insurance and Financial Advisors Political Action Comm

Void - Mr. Luis A. Estrada

100

-8.50